

EMERGENCY MEDICAL SERVICES AUTHORITY

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April 10, 2017

Mr. Mike Petrie, EMS Director
Monterey County EMS Agency
1270 Natividad Road
Salinas, CA 93906

Dear Mr. Petrie:

This letter is in response to Monterey County's 2016 EMS Plan Update submission to the EMS Authority on January 31, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Monterey County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Monterey County received its last full plan approval for its 2009 plan submission, and its last annual plan update for its 2013 plan submission.

Historically, we have received EMS Plan submissions from Monterey County for the following years:

- 1999
- 2001
- 2005
- 2008-2010
- 2012
- 2013

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Monterey County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Not
Approved | Approved |
|---|-------------------------------------|--------------------------|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>System Organization and Management</u> | | |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Staffing/Training</u> | | |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Communications</u> | | |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Response/Transportation</u> | | |
| 1. Ambulance Zones | | |
| <ul style="list-style-type: none">• Based on the documentation provided by Monterey County, please find enclosed the EMS Authority's determination of the exclusivity of Monterey County's ambulance zones. | | |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Facilities/Critical Care</u> | | |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Data Collection/System Evaluation</u> | | |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Public Information and Education</u> | | |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Disaster Medical Response</u> | | |

IV. Conclusion:

Based on the information identified, Monterey County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Monterey County's next annual EMS Plan Update will be due on or before April 30, 2018. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

2016 Monterey EMS Transportation Plan Approved



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

February 1, 2017

Ms. Lisa Galindo, EMS Plans Coordinator
California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Ms. Galindo:

Please find attached, the 2016 revision of the Monterey County EMS System Plan. This revision was approved by the Monterey County Board of Supervisors on January 31, 2017. I am personally pleased to note that this EMS System Plan revision was submitted before the due date and identifies the changes that have occurred within the EMS System since the submission of the last EMS Plan revision.

Based on the EMS Authority's System Standards and Guidelines, the Monterey County EMS System meets or exceeds the minimum standard in all areas of EMS System performance, except for executing medical mutual aid agreements, and designating and establishing casualty collection points. These gaps will be closed through a medical disaster preparedness initiative, which the EMS Agency and EMS stakeholders will begin this year.

There were no substantial forward-looking changes to this plan revision. Rather, changes were made to reflect changing call volumes and activity levels, recognize annexation of certain community service districts, reflect the implementation of the trauma system, and other minor structural and process changes within the Monterey County EMS System.

Please contact me if you have any questions or require additional information.

Sincerely,

Michael Petrie

Michael Petrie, EMT-P, MBA, MA
EMS Bureau Chief/EMS Director

Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES PLAN **(Revised December 2016)**

Board of Supervisors Board Order**Update Log**

Log Number	Changes
2007-12-001	Updated Title page; added log to document changes (page ii); updated Table of Content from August 2006 EMS Plan (page 1); removed Section 3 – System Resources and Operations from August 2006 EMS Plan (pages 143 – 164) and replaced with new Section 3 – System Resources and Operations (pages 143 – 165); Removed Section 4 – Ambulance Zone Summary from August 2006 EMS Plan (page 165) and replaced with new Section 4 – Ambulance Zone Summary (page 166); Removed Section 5 – Resource Directories from August 2006 EMS Plan (pages 166 – 174) and replaced with new Section 5 – Resource Directories (pages 167 – 168); updated Standard 1.04 – Medical Director (page 23); and updated Standard 1.08 – ALS Planning (page 27).
2009-04-001	Replacement of Manual (EMS Plan 2008)
2011-05-001	Replacement of Manual (EMS Plan 2009)
2011-05-002	Removed Updated Log to document changes (page ii) from EMS Plan (2009) and Replaced with new Update Log (2010); Removed Tables 2, 3, 5, and 8 from EMS Plan (2009) and Replaced with new Tables 2, 3, 5, and 8 (2010). Table changes and Section 4 – Ambulance Zone Summary (no changes) submitted to the EMSA.
2012-05-001	Revised Manual (EMS Plan 2011); added Trauma Care System Update (Table 13)
2013-06-001	Revised Manual (EMS Plan 2012) and Tables 2 through 13.
2014-10-001	Revised Manual (EMS Plan 2013) and Tables 2 through 13.
2016-12-27	Updated Executive Summary; Table 2 – System Resources and Operations, specifically FY 15/16 budget and staffing information; Table 3- Personnel/Training, current EMS personnel certified and accredited with the EMS Agency and number of reviews performed; Table 4- System Resources and Operations – Communications; Table 6- System Resources Directory – Facilities/Critical Care; Table 7- Resource Directory - Disaster Medical; Table 8- Resource Directory, showing 2016 responses and transports; Table 9- Resources Directory – Facilities; Table 10- Resources Directory - Approved Training Programs; Table 11- Resources Directory - EMS Dispatch Agency; and Table 13-Trauma System Report.

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EMS Plan (2016) Executive Summary

This document is the 2016 revision of the Monterey County EMS Plan. Of the 122 standards identified by the California EMS Authority in the EMS System Planning Guidelines, there are only three (3) areas where the Monterey County EMS Plan continues to not meet the state-specified, minimum standards. (See Table 1 – Standards Summary Matrix for additional information). These standards and their corresponding statuses are:

1. **Agreements for Medical Mutual Aid (8.10):** The Monterey County EMS Agency has been active in helping create a master medical and health medical mutual aid agreement within Region II. This draft agreement will be circulated to county counsels for their review during the first quarter of 2017. The Monterey County EMS Agency anticipates signing the Region II Master Medical and Health Mutual Aid Agreement in 2017.
2. **Designation of Casualty Collection Points (8.11):** During 2017, the Monterey County EMS Agency will begin comprehensively revising its multi-casualty incident (MCI) and disaster medical management plans and program. This program will be modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites.
3. **Establishment of Casualty Collection Points (8.12):** During 2017, the Monterey County EMS Agency will begin comprehensively revising its multi-casualty incident (MCI) and disaster medical management plans and program. This program will be modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites.

Since the Monterey County EMS Agency's last EMS Plan revision submission, the EMS Agency met one more of the standards in the EMS System Planning Guidelines by designating Natividad Medical Center as the County's Level II Trauma Center.

1. **Trauma System Evaluation (6.10)** The EMS Agency designated Natividad Medical Center as the County's Level II Trauma Center in late 2014. The Natividad Trauma Center began operations on January 5, 2015. On July 25 and 26, 2016, the American College of Surgeon's Committee on Trauma (ACS COT) sent representatives to Natividad Medical Center to conduct a consultative site visit. The EMS Agency looks forward to the ACS COT designation site visit of the Natividad Trauma Center, which should occur within 18 months of the consultative site visit.

The balance of this executive summary identifies a brief overview of the changes that have occurred within the Monterey County EMS System, identified needs, and proposed program solutions.

Section A – System Organization and Management: During the past 18 months, there have been significant changes within the Monterey County EMS Agency and EMS System. Relative to the EMS Agency, the agency experienced a 72% employee turnover between January 2014 and December 2016. This included the EMS Director, the Trauma Coordinator, IT Support, the Business Manager, and the senior EMS staff representative. As of January 2017, the EMS Director, Trauma Coordinator, Business Manager and senior EMS staff representative have been replaced. The IT support position was reclassified to an epidemiologist position to support EMS Agency and EMS System data analysis, research and reporting needs.

Since July 1, 2015, the EMS Agency's priorities have included: (1) reviewing, revising or creating EMS System policies and procedures to reflect best practices in emergency medical services; (2) redesigning the EMS System's advisory committees, including the Emergency Medical Care Committee, Medical Advisory Subcommittee, Operations Subcommittee, and Quality Improvement Committees; (3) Implementing a System-wide EMS Data System for all dispatch centers, first responders, ambulance providers, and hospitals; (4) assuring the long term financial viability of the EMS System; (5) developing QI programs among all EMS system participants that meet the requirements of California Code of Regulations, Title 22, Chapter 12; and, (6) enforcing the exclusive operating area paramedic ambulance service provider contract.

Section B – Staffing and Training:

The Monterey County EMS Agency continues to allocate County Service Agreement 74 (CSA 74) funds to local cities and special districts for providing EMS system training and equipment. There are no significant changes in staffing or training since submission of the 2013 EMS Plan revision.

Section C – Communications: The Monterey County EMS Communications System Manual continues to operate and meet the standards set in the California EMS Authority's EMS System Planning Guidelines. The Monterey County EMS Agency is working with our County Communications Department, and County Radio Department to determine the cost and schedule to transition the EMS Communication System from conventional VHF and UHF analog systems to a hybrid VHF and UHF analog and 700 MHz digital communication system. The EMS Agency expects to determine whether to transition to the new radio system during 2017.

Section D – Response and Transportation: Since submission of the last EMS Plan revision, BLS first response services, previously provided by the San Ardo Fire Protection District are now provided by the South Monterey County Fire Protection District, which also serves Lockwood, San Lucas and surrounding Areas. Further, The Monterey County Regional Fire Protection District annexed the Spreckels Community Services District, and now provides ALS first response services to that area. Although the Monterey County Regional Fire Protection District is an ALS ambulance provider, they do not provide ambulance services to the recently annexed Spreckels Community Services District area, because this area is within the Monterey County EOA, which is served by AMR.

Paramedic ambulance service within the Monterey County EOA is provided through a contract with American Medical Response (AMR). This contract was effective February 1, 2010 and ran through January 31, 2015. Through a series of one year extensions, the contract now expires on January 31, 2020.

The EMS Agency will soon start a competitive process to select a contractor to provide paramedic ambulance services within this exclusive operating area. This competitive process will include a system assessment and system strategic planning. The EMS Agency anticipates

completing this process before June 30, 2019.

Section E – Facilities and Critical Care: As noted above, since the Monterey County EMS Agency's last EMS Plan revision submission, the EMS designated Natividad Medical Center as the County's Level II Trauma Center. This completes Standard 6.10 in the Authority's EMS System Planning Guidelines, which was an unmet standard in the previous EMS Plan revision submission.

4. **Trauma System Evaluation (6.10)** The EMS Agency designated Natividad Medical Center as the County's Level II Trauma Center in late 2014. The Natividad Trauma Center began operations on January 5, 2015. On July 25 and 26, 2016, the American College of Surgeon's Committee on Trauma (ACS COT) sent representatives to Natividad Medical Center to conduct a consultative site visit. The EMS Agency looks forward to the ACS COT designation site visit of the Natividad Trauma Center, which should occur within 18 months of the consultative site visit. Natividad Medical Center participates in the Trauma One Trauma Registry.

The EMS Agency continues to maintain written agreements with all four acute-care hospitals in Monterey County. Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital. Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers (CHOMP and SVMHS); in 2012, CHOMP and SVMHS were designated as Stroke Centers. The EMS Agency anticipates that both Stroke and STEMI centers will meet the standards being developed by the EMS Authority in the draft Stroke and STEMI regulations, which are now out to public comment. There are no pediatric emergency medical/critical care system plans being proposed or established.

Section F – Data Collection and System Evaluation: All ALS first responders and transport providers currently use NEMSIS 3.x electronic data systems. Other first response agencies maintain paper records of varying quality and specificity. The EMS Agency submits data annually to support the EMS Authority's Core Measures project.

During the past year, the EMS Agency has led an EMS System-wide collaborative process to implement a single countywide EMS data system. The EMS Agency anticipates executing a contract with ESO Solutions to begin implementing this data system within the first quarter of 2017 with the system going live by June 30, 2017. This system will provide electronic integration using NEMSIS/CEMSIS standards and SAFER capabilities among dispatch centers, all first responders, ambulance provider agencies, and hospitals. This system will also be integrated with the local HIE.

The EMS Agency is rolling out a system-wide quality improvement program initiative to assure that all providers of EMT and Paramedic care, EMS dispatch centers, and base hospitals have QI programs that are consistent with the EMS Agency's QI program (which was approved by EMSA in 2016) and complies with the requirements of California Code of Regulations, Title 22, Chapter 12.

Section G – Public Information and Education: The primary EMS provider (AMR) continued their public community outreach programs. AMR provides reports detailing the number and type of classes taught. First responders also provide public information and education.

Section H – Disaster Medical Response: In 2017, the EMS Agency will begin a significant initiative to improve the EMS System's capability to respond to MCIs, mass casualty incidents, and catastrophic disasters. This effort will include revising MCI plans to include centralized patient distribution within and without of Monterey County, full integration of MHOAC responsibilities into plans, developing physical and virtual infrastructures and command, control, and coordination capabilities to support medical disaster management, providing standardized training to all relevant stakeholders, and starting recurring exercises to evaluate capabilities and preparedness. The medical disaster program used by the Monterey County EMS Agency will be modeled on the program developed in Region IV.

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT**STANDARDS SUMMARY (MATRIX)****A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not meet Standard	Meets Minimum Standard
1.01 Local EMS Agency Structure		X
1.02 Local EMS Agency Mission		X
1.03 Public Input		X
1.04 Medical Director		X
Planning Activities	Does not meet Standard	Meets Minimum Standard
1.05 System Plan		X
1.06 Annual Plan Update		X
1.07 Trauma Planning		X
1.08 Advanced Life Support Planning		X
1.09 Inventory of Resources		X
1.10 Special Populations		X
1.11 System Participants		X
Regulatory Activities	Does not meet Standard	Meets Minimum Standard
1.12 Review & Monitoring		X
1.13 Coordination		X
1.14 Policy & Procedures Manual		X
1.15 Compliance w/Policies		X
System Finances	Does not meet Standard	Meets Minimum Standard
1.16 Funding Mechanism		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction	Does not meet Standard	Meets Minimum Standard
1.17 Medical Direction		X
1.18 Quality Assurance/Quality Improvement		X
1.19 Policies, Procedures, Protocols		X
1.20 Do-Not-Resuscitate Policy		X
1.21 Determination of Death		X
1.22 Reporting of Abuse		X
1.23 Interfacility Transfer		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
1.24 Advanced Life Support Systems		X
1.25 On-Line Medical Direction		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
1.26 Trauma System Plan		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
1.27 Pediatric System Plan		N/A
Enhanced Level: Exclusive Operating Areas	Does not meet Standard	Meets Minimum Standard
1.28 Exclusive Operating Area Plan		X

B. STAFFING/TRAINING

Local EMS Agency	Does not meet Standard	Meets Minimum Standard
2.01 Assessment of Needs		X
2.02 Approval of Training		X
2.03 Personnel		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Dispatchers	Does not meet Standard	Meets Minimum Standard
2.04 Dispatch Training		X
First Responders (non-transporting)	Does not meet Standard	Meets Minimum Standard
2.05 First Responder Training		X
2.06 Response		X
2.07 Medical Control		X
Transporting Personnel	Does not meet Standard	Meets Minimum Standard
2.08 EMT-I Training		X
Hospital	Does not meet Standard	Meets Minimum Standard
2.09 CPR Training		X
2.10 Advanced Life Support		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
2.11 Accreditation Process		X
2.12 Early Defibrillation		X
2.13 Base Hospital Personnel		X

C. COMMUNICATIONS

Communications Equipment	Does not meet Standard	Meets Minimum Standard
3.01 Communication Plan		X
3.02 Radios		X
3.03 Interfacility Transfer		X
3.04 Dispatch Center		X
3.05 Hospitals		X
3.06 Multi-Casualty Incidents		X
Public Access	Does not meet Standard	Meets Minimum Standard
3.07 9-1-1 Planning/Coordination		X
3.08 9-1-1 Public Education		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Resource Management	Does not meet Standard	Meets Minimum Standard
3.09 Dispatch Triage		X
3.10 Integrated Dispatch		X

D. RESPONSE/TRANSPORTATION

Universal Level	Does not meet Standard	Meets Minimum Standard
4.01 Service Area Boundaries		X
4.02 Monitoring		X
4.03 Classifying Medical Requests		X
4.04 Scheduled Responses		X
4.05 Response Time Standards		X
4.06 Staffing		X
4.07 First Responder Agencies		X
4.08 Medical & Rescue Aircraft		X
4.09 Air Dispatch Center		X
4.10 Aircraft Availability		X
4.11 Specialty Vehicles		X
4.12 Disaster Response		X
4.13 Inter-county Response		X
4.14 Incident Command System		X
4.15 Multi-Casualty Incident Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
4.16 Advanced Life Support Staffing		X
4.17 Advanced Life Support Equipment		X
Enhanced Level: Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
4.18 Compliance		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Permits	Does not meet Standard	Meets Minimum Standard
4.19 Transportation Plan		X
4.20 Grandfathering		X
4.21 Compliance		X
4.22 Evaluation		X

E. FACILITIES/CRITICAL CARE

Universal Level	Does not meet Standard	Meets Minimum Standard
5.01 Assessment of Capabilities		X
5.02 Triage & Transfer Protocols		X
5.03 Transfer Guidelines		X
5.04 Specialty Care Facilities		X
5.05 Mass Casualty Management		X
5.06 Hospital Evacuation		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
5.07 Base Hospital Designation		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
5.08 Trauma System Design		X
5.09 Public Input		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
5.10 Pediatric System Design		N/A
5.11 Emergency Departments		N/A
5.12 Public Input		N/A
Enhanced Level: Other Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
5.13 Specialty System Design		X
5.14 Public Input		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT**F. DATA COLLECTION/SYSTEM EVALUATION**

Universal Level	Does not meet Standard	Meets Minimum Standard
6.01 Quality Assurance/ Quality Improvement Program		X
6.02 Pre-hospital Records		X
6.03 Pre-hospital Care Audits		X
6.04 Medical Dispatch		X
6.05 Data Management System		X
6.06 System Design Evaluation		X
6.07 Provider Participation		X
6.08 Reporting		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
6.09 Advanced Life Support Audit		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
6.10 Trauma System Evaluation		X
6.11 Trauma Center Data		X

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not meet Standard	Meets Minimum Standard
7.01 Public Information Materials		X
7.02 Injury Control		X
7.03 Disaster Preparedness		X
7.04 First Aid & CPR Training		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT**H. DISASTER MEDICAL RESPONSE**

Universal Level	Does not meet Standard	Meets Minimum Standard
8.01 Disaster Medical Planning		X
8.02 Response Plans		X
8.03 Hazardous Materials Training		X
8.04 Incident Command System		X
8.05 Distribution of Casualties		X
8.06 Needs Assessment		X
8.07 Disaster Communications		X
8.08 Inventory of Resources		X
8.09 DMAT		N/A
8.10 Mutual Aid Agreements	X	
8.11 Casualty Collection Point Designation	X	
8.12 Establish Casualty Collection Points	X	
8.13 Disaster Medical Training		X
8.14 Hospital Plans		X
8.15 Inter-hospital Communications		X
8.16 Pre-hospital Agency Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
8.17 Advanced Life Support Policies		X
Enhanced Level: Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
8.18 Specialty Center Roles		X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
8.19 Waiving Exclusivity		X

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
5.03: Transfer Guidelines	The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.	YES	The Monterey County EMS Agency will continue to revisit and refine transfer processes of STEMI patients.	All STEMI Receiving Hospitals are contractually required to have transfer agreements in place for the sending and receipt of STEMI patients for higher level of care.	To expedite the transfer and treatment of STEMI patients.
8.10: Agreements for Medical Mutual Aid (8.10):					
8.11: Designation of Casualty Collection Points					

		<p>The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites.</p>	<p>During 2017, the Monterey County EMS Agency will begin comprehensively revising its multi-casualty incident (MCI) and disaster medical management plans and program. This program will be modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites.</p>		<p>To revise the Monterey County EMS multi-casualty incident (MCI) and disaster medical management plans and program.</p>
8:12: Establishment of Casualty Collection Points	<p>The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.</p>	NO			

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**TABLE 2: SYSTEM RESOURCES & OPERATIONS – Organization/Management**

Reporting Year: Fiscal Year 2015-2016

County: **Monterey**

1. Percentage of population served by each level of care: **100% Advanced Life Support**
 2. Type of agency: **County Health Department**
 3. The person responsible for day-to-day activities of EMS agency reports to:
Other – Director of Health (Elsa Jimenez)
 4. Indicate the non-required functions that are performed by the agency:
- | | |
|---|------------|
| Implementation of exclusive operating areas (ambulance franchising) | Yes |
| Designation of trauma centers/trauma care system planning | Yes |
| Designation/approval of pediatric facilities | N/A |
| Designation of other critical care centers | N/A |
| Development of transfer agreements | Yes |
| Enforcement of local ambulance ordinance | Yes |
| Enforcement of ambulance service contracts | Yes |
| Operation of ambulance service (Contracted) | Yes |
| Continuing education | Yes |
| Personnel training | No |
| Operation of EMS dispatch center (Contracted) | Yes |
| Non-medical disaster planning | Yes |
| Administration of critical incident stress debriefing (CISD) team | No |
| Administration of disaster medical assistance team (DMAT) | N/A |
| Administration of EMS Fund (Senate Bill 12/612) – Maddy | Yes |
| Other: _____ | |

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**5. EXPENSES (FY 15/16)**

Salaries and benefits (All but contract personnel)	\$644,556
Contract Services (e.g., medical director)	\$238,975
Operations (e.g., copying, postage, facilities)	\$268,964
Travel	\$11,623
Fixed assets	N/A
Indirect expenses (overhead)	\$124,955
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospitals	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	N/A
TOTAL EXPENSES	\$1,289,073

6. SOURCES OF REVENUE

Special project grant(s) from EMSA	0
Preventive Health and Health Services Block Grant	0
Office of Traffic Safety	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district) – CSA74 Fund	\$913,299
County contracts (e.g., multi-county agencies)	0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds (ADA)	0
Job Training Partnership Act (JTPA) funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

Trauma center application fees	0
Trauma center designation fees	\$125,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/ <i>vehicle</i> fee	0
Contributions	0
EMS Fund (SB 12/612)	\$222,904
Other grants	0
Other fees	0
Other: misc (penalty fees)	\$27,870
Other: state reimbursements	0
TOTAL REVENUE	\$1,289,073

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES. IF THEY DON'T, PLEASE EXPLAIN BELOW.

7. **FEE STRUCTURE (FY-15/16)**

We do not charge any fees: **FALSE**

First responder certification	0
EMS dispatcher certification	0
EMT-I certification	0
EMT-I recertification	0
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

EMT-P accreditation	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	0
MICN/ARN recertification	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	\$125,000
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application	0
Other critical care center designation	0
Ambulance service license	0
Ambulance vehicle permits	0

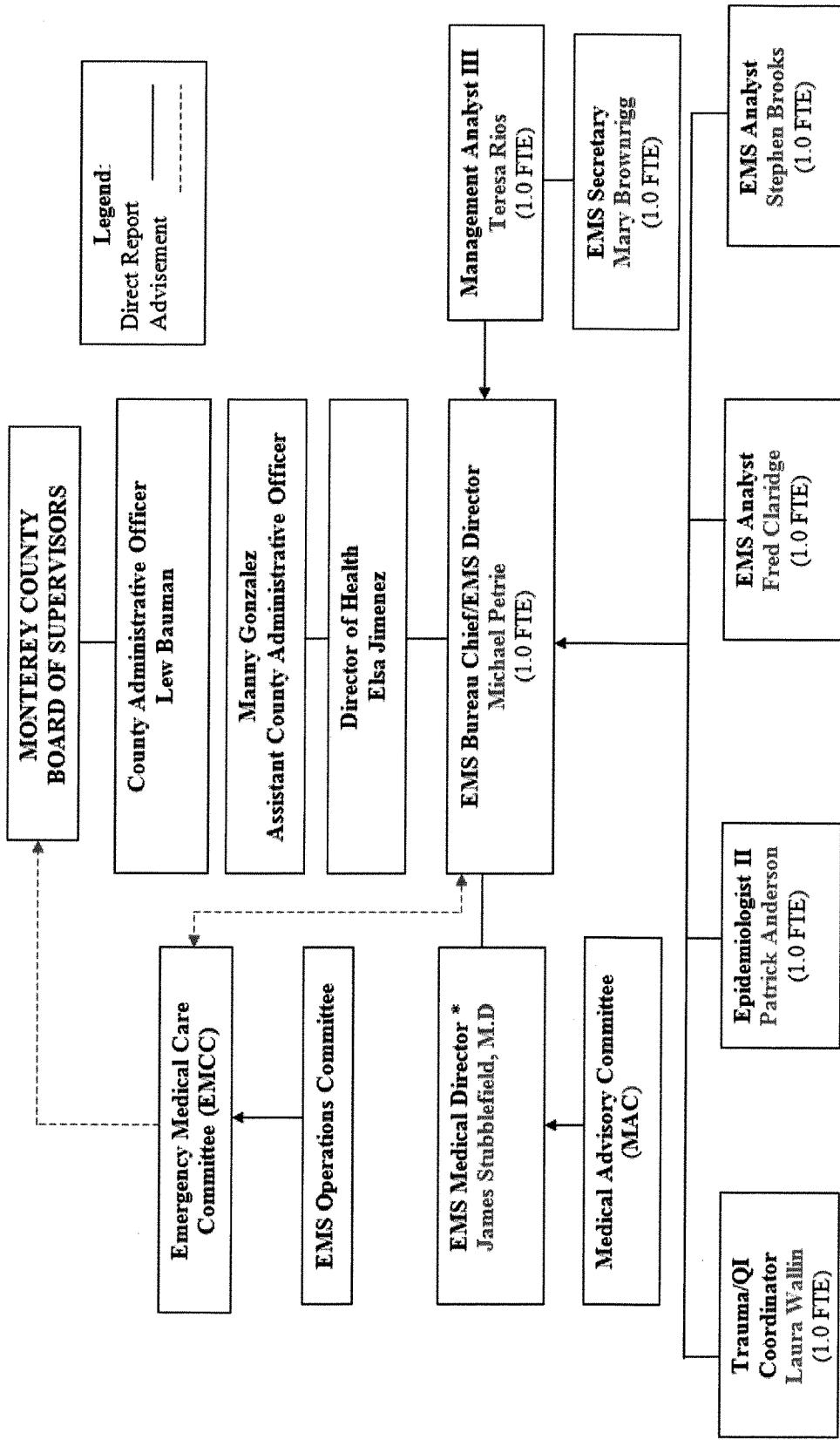
TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	66.97	41.35%	
Asst. Admin./Admin.	EMS Analyst	2.0	43.64	41.35%	
Asst./Admin. Mgr.	Management Analyst III	1.0	47.03	41.35%	
Trauma Coordinator	Health Program Coordinator	1.0	49.62	41.35%	
Epidemiologist	Epidemiologist II	1.0	42.72	41.35%	
Medical Director	Medical Director	0.2	186.29	Contracted	
Executive Secretary	Secretary	1.0	23.54	41.35%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure (below).

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES (EMS)
AGENCY ORGANIZATION



* EMS Medical Director is a contracted position.

Updated on: 1/9/2017

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Reporting Year: Calendar Year 2016

County: Monterey

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	701	N/A		N/A
Number newly certified this year	118	N/A		N/A
Number recertified this year	233	N/A		N/A
Total number of accredited personnel on January 1 of the reporting year	N/A	N/A	181	N/A
Number of certification reviews resulting in:				
a) formal investigations	18	N/A		N/A
b) probation	2	N/A		N/A
c) suspensions	1	N/A		N/A
d) revocations	2	N/A		N/A
e) denials	1	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	14	N/A	N/A	N/A

1. Early defibrillation:
 - a) Number of EMT-I (defib) certified: Unknown
 - b) Number of public safety (defib) certified (non-EMT-I): Unknown
2. Do you have a first-responder training program? **Yes** Administered by respective public safety/parent agencies.

TABLE 4 - SYSTEM RESOURCES AND OPERATIONS – Communications**TABLE 4: SYSTEM RESOURCES & OPERATIONS - Communications**

Reporting Year: Calendar Year 2016

County: **Monterey**

1. Number of Primary Public Service Answering Point (PSAP): 5
 - a. Monterey County Emergency Communications Center (9-1-1)
 - b. California Highway Patrol – Monterey
 - c. City of Carmel
 - d. Ft. Hunter Liggett
 - e. City of Marina
2. Number of secondary PSAPs: 1
 - a. CALFIRE Emergency Communications Center – Monterey
3. Number of dispatch centers directly dispatching ambulance: 1
4. Number of EMS dispatch centers utilizing EMS guidelines: 1
5. Number of designated dispatch centers for EMS aircraft: 2
6. Who is your primary dispatch agency for day-to-day emergencies? Monterey County Emergency Communications Center (9-1-1)
7. Who is your primary dispatch agency for a disaster? Monterey County Emergency Communications Center (9-1-1)
8. Do you have an operational area disaster communication system? Yes
 - a. Radio primary frequency: 458.4/453.4 467.950/462.950,467.975/462.975
 - b. Other methods: EMSystem, TENS, EAS, CAHAN, Faxes, Internet Text Messages, Cell, Commercial Satellite Phones, etc.
 - c. Can all medical response units communicate on the same disaster communications system? Yes
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes
 - e. Do you have a plan to utilize Radio Amateur Civil Emergency System (RACES) as a back-up communications system? Yes
 - 1) Within the operational area? Yes
 - 2) Between operational area and the region and/or state? Yes

TABLE 5 - SYSTEM RESOURCES AND OPERATIONS – Response/Transportation**TABLE 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation**

Reporting Year: Calendar Year 2016

County: **Monterey****Early Defibrillation Providers**

1. Number of EMT-Defibrillation provider: 17

SYSTEM STANDARD RESPONSE TIMES* (90TH PERCENTILE)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	8 minutes	12 minutes	ASAP	N/A

TABLE 6 - SYSTEM RESOURCES AND OPERATIONS – Facilities/Critical Care**TABLE 6: SYSTEM RESOURCES DIRECTORY - Facilities/Critical Care**

Reporting Year: 2016

County: **Monterey**

Trauma patients:

- Number of patients meeting trauma triage criteria: 4,166
- Number of major trauma victims transported directly to a trauma center by ambulance: 441
- Number of major trauma patients transferred to a trauma center: 34
- Number of patients meeting triage criteria who weren't treated at a trauma center: 84

Emergency Departments:

- Total number of emergency departments: 4
- Number of referral emergency services: 0
- Number of standby emergency services: 0
- Number of basic emergency services: 4
- Number of comprehensive emergency services: 0

Receiving Hospitals:

- Number of receiving hospitals with written agreements: 4
- Number of base hospitals with written agreements: 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical**TABLE 7: SYSTEM RESOURCES DIRECTORY - Disaster Medical**

Reporting Year: 2016

County: **Monterey**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP) – Replaced by Field Treatment Sites (FTS) and Alternate Care Sites (ACS)...see 8.11 and 8.12
 - a. Where are your CCPs located? N/A Additional MCI planning to commence in 2017
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? N/A
2. CISD
Do you have a CISD provider with 24 hour capability? Yes
3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan: N/A
 - c. Are they available for statewide response? N/A
 - d. Are they part of a formal out-of-state response system? N/A
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Level A (Highest)
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with, in a disaster? 12 Cities plus approximately 20 special districts/agencies

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

3. Have you tested your MCI Plan this year in a:
 - a. Real event? No
 - b. Exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. None
Region II mutual aid agreement in process of development.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? No
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report? Monterey County Health Department
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 8: RESOURCES DIRECTORY - Response/Transportation Providers (2016)

#	EMS System Provider Agency	Address	Number of Ambulances	Total Ambulances (Number) in Feet	Daily Average Ambulances (Number) at Noon	Total Responses (FY 2015-16)	Number Emergency Responses (FY 2015-16)	Total Transports (FY 2015-16)	Number Emergency Transports (FY 2015-16)
1	American Medical Response (AMR)	4548 A Street, Marina, 93953 PO Box: 520, Big Sur, 93920	18	32	18	35,495			24,553
2	Big Sur Volunteer Fire Brigade	PO Box: 2090, Carmel Valley, 93924	0	0	0	0	0	0	0
3	Cachagua Fire Protection District	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
4	CALFIRE (Aromas)	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
5	CALFIRE (Carmel Highlands)	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
6	CALFIRE (Cypress)	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
7	CALFIRE (Pebble Beach)	3101 Forrest Lake Road, Pebble Beach, 93955	0	0	0	0	0	0	0
8	CALFIRE (Soledad)	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
9	CALFIRE (South Monterey County)	2221 Garden Road, Monterey, 93940	0	0	0	0	0	0	0
10	CALSTA*	4932 Bailey Lane, McCallum, 95552	5	8	5	5	5	5	5
11	Camp Roberts Fire	Headquarters Camp Roberts, Hwy 101, Building 0	0	0	0	0	0	0	0
12	CHP (Air*-Pasta Robles*)	3020 Wing Way, 2850 Routes, 93446	1	1	1	1	1	1	1
13	City of Carmel Ambulance*	Box CC, Carmel, 93921	1	2	1	1,146	717	61	617
14	City of Marina Fire Department	2111 Hilcrest Avenue, Marina, 93936	0	0	0	0	0	0	0
15	City of Monterey Fire Department/Control	610 Pacific Street, Monterey, 93940	0	0	0	0	0	0	0
16	City of Salinas Fire Department	155 W. Alisal Street, Suite 210, Salinas, 93901	0	0	0	0	0	0	0
17	City of Seaside Fire Department	11835 Broadway, Seaside, 93355	0	0	0	0	0	0	0
18	Department of Corrections (Soledad)	Soledad, 93980	0	0	0	0	0	0	0
19	Fort Hunter-Liggett Fire*	T-120 Infantry Road, Jolon, 93938	2	2	2	213	213	119	119
20	Gonzales Volunteer FD	PO Box: 647, Gonzales, 93926	0	0	0	0	0	0	0
21	Greenfield Volunteer FD	380 Oak Avenue, Greenfield, 93927	0	0	0	0	0	0	0
22	King City Volunteer Fire Department	P.O. Box 2550, King City, 93940	0	0	0	0	0	0	0
23	Mercy Air*	1670 Milo Way, Faitto, 93276	1	2	1	67	67	67	67
24	Mid Coast Fire Brigade	35841 Calle Colorado Creek, Carmel, 93923	0	0	0	0	0	0	0
25	Monterey County Parks Department	2610 San Antonio Road, Bradley, 93426	0	0	0	0	0	0	0
26	Monterey County Regional Fire District*	119300 Pottala Drive, Salinas, 93908	4	4	1	1,941	43	810	108
27	North County Fire Protection District	11200 Speagle Street, Castroville, 95012	0	0	0	0	0	0	0
28	Preston of Monterey Fire Department	44000 Bell, Jim Moore Blvd., Seaside, 93955	0	0	0	0	0	0	0
29	Spreckels Fire	38 Spreckels Blvd, Spreckels, 93962	0	0	0	0	0	0	0
		Total	32	51	29	36,862	256	0	25,268
									169
									617

Note 1: City of Monterey Fire Department includes the cities of Carmel, Pacific Grove, Sand, and Monterey.

Note 2: City of Seaside Fire Department includes the cities of Seaside and Del Rey Oaks.

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-01	Provider: American Medical Response - West	Response Zone: See Table 11																
Address: 2511 Garden Rd	Number of Ambulance Vehicles in Fleet: 32																	
Phone Number: Monterey, CA 93940	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18																	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="0"> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> BLS</td> <td><input checked="" type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input checked="" type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table>			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground															
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air															
	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water															
		<input checked="" type="checkbox"/> IFT																

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				
35,495	Total number of responses Number of emergency responses Number of non-emergency responses	24,553	Total number of transports Number of emergency transports Number of non-emergency transports	

Air Ambulance Services	
Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers**

Note: Table 8 is to be completed for each provider by county. Make copies as needed.	
County: MONTEREY-02	Provider: Big Sur Volunteer Fire Brigade
Address: PO Box 520 Big Sur 93920	Number of Ambulance Vehicles in Fleet: None
Phone Number: (831) 667-2113	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: None

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water
			<input type="checkbox"/> 9-1-1 <input type="checkbox"/> Air

Ownership:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotary
			<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services	Total number of responses
	Number of emergency responses
	Number of non-emergency responses

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-03	Provider: Cachagua Fire Protection District	Response Zone: Cachagua FPD																								
Address: P O Box 2090	Number of Ambulance Vehicles in Fleet: None																									
Phone Number: Carmel Valley 93924	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: None																									
<table border="1"> <thead> <tr> <th colspan="2">Written Contract:</th> <th>Medical Director:</th> <th>System Available 24 Hours:</th> <th>Level of Service:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT </td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td> <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LAIS <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT </td> </tr> </tbody> </table>			Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT					<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LAIS <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT									
Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:																						
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				<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LAIS <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT																						
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Ownership:		If Public:	If Private:	If Air:	Air Classification:																					
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		<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																					

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-04</u>	Provider: <u>Aromas Tri-County Fire Protection District</u>	Response Zone: <u>Tri-County FPD</u>	
Address: <u>2221 Garden Road Monterey 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>		
Phone Number: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies <hr/> <hr/> <hr/> <hr/>			
Air Ambulance Services <hr/> <hr/> <hr/> <hr/>			

Total number of responses	<u> </u>	Total number of transports
Number of emergency responses	<u> </u>	Number of emergency transports
Number of non-emergency responses	<u> </u>	Number of non-emergency transports
Total number of responses	<u> </u>	Total number of transports
Number of emergency responses	<u> </u>	Number of emergency transports
Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-05 **Provider:** Carmel Highlands Fire Protection District (CALFIRE Contracted) **Response Zone:** Carmel Highlands FPD

Address:	2221 Garden Road Monterey 93940		
Phone Number:	(831) 333-2600		
Number of Ambulance Vehicles in Fleet: _____			
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____			
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IET <input type="checkbox"/> IET <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u>	<u>If Public:</u>		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal
<u>If Air:</u>			
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
Explain:			

Total number of responses	_____	Total number of transports	_____
Number of emergency responses	_____	Number of emergency transports	_____
Number of non-emergency responses	_____	Number of non-emergency transports	_____
Air Ambulance Services			
Total number of responses	_____	Total number of transports	_____
Number of emergency responses	_____	Number of emergency transports	_____
Number of non-emergency responses	_____	Number of non-emergency transports	_____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-06</u>	Provider: <u>Cypress Fire Protection District (CALFIRE Contracted)</u>	Response Zone: <u>Cypress FPD</u>
Address: <u>2221 Garden Road</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>Monterey 93940</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Water
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u></u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District
		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses	<u></u>	Total number of transports	<u></u>
Number of emergency responses	<u></u>	Number of emergency transports	<u></u>
Number of non-emergency responses	<u></u>	Number of non-emergency transports	<u></u>

Air Ambulance Services

Total number of responses	<u></u>	Total number of transports	<u></u>
Number of emergency responses	<u></u>	Number of emergency transports	<u></u>
Number of non-emergency responses	<u></u>	Number of non-emergency transports	<u></u>

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-07 Provider: Pebble Beach Community Services District (Calfire Contracted) Response Zone: Pebble Beach CSD

Address: 3101 Forrest Lake Road
Pebble Beach 93953

Phone Number: (831) 373-1274

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: None

None

Transporting Agencies

Total number of transports	_____
Number of emergency transports	_____
Number of non-emergency transports	_____

Air Ambulance Services

Total number of responses _____
Number of emergency responses _____
Number of non-emergency responses _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-08</u>	Provider: <u>CALFIRE (City of Soledad)</u>	Response Zone: <u>City of Soledad</u>
Address: <u>2221 Garden Road</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership:	If Public:	If Private:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-09</u>	Provider: <u>CALFIRE (South Monterey County)</u>	Response Zone: <u>SOMOCO District</u>
Address: <u>2221 Garden Road Monterey 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership:		If Public:	If Public:	Air Classification:
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Auxiliary Rescue
<input type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Air Ambulance
	<input type="checkbox"/> Other	<input type="checkbox"/> Federal		<input type="checkbox"/> ALS Rescue
	Explain:			<input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of transports

 Number of emergency transports

 Number of non-emergency transports

Air Ambulance Services

Total number of responses

 Number of emergency responses

 Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	<u>MONTEREY-10</u>	Provider:	<u>CALSTAR</u>	Response Zone:	<u>Monterey County</u>
Address:	4922 Bailey Loop McClellan 95652			Number of Ambulance Vehicles in Fleet:	<u>8</u>
Phone Number:	(916) 921-4000			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	<u>8</u>

<u>Written Contract:</u>	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> <input type="checkbox"/> LALS <input type="checkbox"/> <input checked="" type="checkbox"/> CCT <input type="checkbox"/> <input checked="" type="checkbox"/> IFT	<u>Level of Service:</u> <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u>	<u>If Public:</u> <input type="checkbox"/> Public <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Private <input type="checkbox"/> Law <input type="checkbox"/> <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

<u>Transporting Agencies</u>	
Total number of responses	_____
Number of emergency responses	_____
Number of non-emergency responses	_____
<u>Air Ambulance Services</u>	
105	Total number of responses Number of emergency responses Number of non-emergency responses
<u>Total</u>	Total number of transports Number of emergency transports Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-11</u>	Provider: <u>Camp Roberts Emergency Services</u>	Response Zone: <u>Camp Roberts</u>								
Address: <u>Headquarters Camp Roberts</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>									
Phone Number: <u>(805) 238-8220</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>									
<table border="1"> <tr> <th>Written Contract:</th> <th>Medical Director:</th> <th>System Available 24 Hours:</th> <th>Level of Service:</th> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Ground </td> </tr> </table>		Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Ground	Air Classification:
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Ground							
Ownership:	If Public:	If Air:								
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue							
Transporting Agencies										
Total number of responses	<u> </u>									
Number of emergency responses	<u> </u>									
Number of non-emergency responses	<u> </u>									
Air Ambulance Services										
Total number of transports	<u> </u>									
Number of emergency transports	<u> </u>									
Number of non-emergency transports	<u> </u>									

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-12</u>	Provider: <u>California Highway Patrol (CHP-70)</u>	Response Zone: <u>Monterey County</u>
Address: <u>5020 Wing Way Paso Robles 93446</u>	Number of Ambulance Vehicles in Fleet: <u>1</u> Helicopter (CHP-70)	
Phone Number: <u>(805) 239-3553</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>1</u>	

Written Contract:		Medical Director:	System Available 24 Hours:	Level of Service:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Federal <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Explain: <input type="checkbox"/> IFT
Ownership:		If Public:	If Public:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain:	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Explain:

Transporting Agencies

Total number of responses	<u> </u>	Total number of transports	<u> </u>
Number of emergency responses	<u> </u>	Number of emergency transports	<u> </u>
Number of non-emergency responses	<u> </u>	Number of non-emergency transports	<u> </u>
Air Ambulance Services		Air Ambulance Services	
Total number of responses	<u> </u>	Total number of transports	<u> </u>
Number of emergency responses	<u> </u>	Number of emergency transports	<u> </u>
Number of non-emergency responses	<u> </u>	Number of non-emergency transports	<u> </u>
Unknown data for CHP – no response to inquiries]			

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-13</u>	Provider: <u>City of Carmel Ambulance</u>	Response Zone: <u>Carmel-by-the-Sea</u>																
Address: <u>Box CC Carmel 93921</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>																	
Phone Number: <u>(831) 620-2000</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>1</u>																	
<table border="1"> <tr> <th>Written Contract:</th> <th>Medical Director:</th> <th>System Available 24 Hours:</th> <th>Level of Service:</th> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>		Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT					Ownership:	If Public:	If Private:	If Air:	Air Classification:
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT															
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: See Table 12	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													

Transporting Agencies

<u>1,146</u>	Total number of responses	<u>708</u>	Total number of transports
	Number of emergency responses	<u>61</u>	Number of emergency transports
	Number of non-emergency responses	<u>647</u>	Number of non-emergency transports
Air Ambulance Services			
<u>Total number of responses</u>	<u>Number of emergency responses</u>	<u>Number of non-emergency responses</u>	Total number of transports
<u> </u>	<u> </u>	<u> </u>	Number of emergency transports
<u> </u>	<u> </u>	<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-14</u>	Provider: <u>City of Marina Fire Department</u>	Response Zone: <u>City of Marina</u>
Address: <u>211 Hillcrest Avenue</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>(831) 884-1210</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Air <input type="checkbox"/> Ground
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of responses	<u> </u>	Total number of transports
Number of emergency responses	<u> </u>	Number of emergency transports
Number of non-emergency responses	<u> </u>	Number of non-emergency transports
Air Ambulance Services		
Total number of responses	<u> </u>	Total number of transports
Number of emergency responses	<u> </u>	Number of emergency transports
Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County:	MONTEREY-15	
Provider:	(includes City of Carmel, Pacific Grove, Sand City, Monterey Airport)	
Address:	610 Pacific Street Monterey 93940	
Phone Number:	(831) 646-3900	

Written Contract:	Medical Director:	System Available 24 Hours:	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT
			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
			<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership:	If Public:	If Public:	If Air:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
			<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses
Number of emergency responses
Number of non-emergency responses

Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Ambulance Services

Total number of responses
Number of emergency responses
Number of non-emergency responses

Total number of transports
Number of emergency transports
Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	<u>MONTEREY-16</u>	Provider:	<u>City of Salinas Fire Department</u>	Response Zone:	<u>City of Salinas</u>
Address:	<u>65 West Alisal Street Suite 200</u>			Number of Ambulance Vehicles in Fleet:	<u>None</u>
Phone Number:	(831) 758-7261			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	<u>None</u>

<u>Written Contract:</u>	<u>Medical Director:</u> □ Yes ☑ No	<u>System Available 24 Hours:</u> ☐ Yes ☐ No	<u>Level of Service:</u> ☐ Transport ☒ Non-Transport ☐ LALS ☐ IFT	<u>Air Classification:</u> ☐ ALS ☐ BLS ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT
<u>Ownership:</u> ☒ Public ☐ Private	<u>If Public:</u> ☒ Fire ☐ Law ☐ Other	<u>If Public:</u> ☒ City ☐ State ☐ Federal	<u>If Air:</u> ☐ County ☐ District ☐ Rotary ☐ Fixed Wing	<u>Air Classification:</u> ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
Explain:				

Transporting Agencies

Total number of transports	_____
Number of emergency transports	_____
Number of non-emergency transports	_____

Air Ambulance Services

Total number of transports	<hr/>	Total number of transports
Number of emergency transports	<hr/>	Number of emergency transports
Number of non-emergency transports	<hr/>	Number of non-emergency transports
	<hr/>	
	<hr/>	

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-17</u>	Provider: <u>City of Seaside Fire Department</u>	Response Zone: <u>Cities of Seaside & Del Rey Oaks</u>
Address: <u>1635 Broadway Avenue</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>Seaside 93955</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input checked="" type="checkbox"/> County <input type="checkbox"/> District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
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Air Classification: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	Air Classification: <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> FTF	Air Classification: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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Transporting Agencies

Total number of transports

Number of emergency responses

Number of non-emergency responses

Air Ambulance Services

Total number of transports

Number of emergency transports

Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-18	Provider: California Correctional Training Facility	Response Zone: State Prison
Address: City of Soledad 93960	Number of Ambulance Vehicles in Fleet: None	
Phone Number: (831) 678-5922	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: None	

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> IFT <input type="checkbox"/> BLS <input type="checkbox"/> Air

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Corrections	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-19</u>	Provider: <u>Fort Hunter-Liggett</u>
Address: <u>T-120 Infantry Road</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone Number: <u>(831) 386-2517</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies	<u>119</u>	Total number of transports Number of emergency transports Number of non-emergency transports
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Air Ambulance Services	<u>213</u>	Total number of responses Number of emergency responses Number of non-emergency responses
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Total number of transports
Number of emergency transports
Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-Y-20</u>	Provider: <u>Gonzales Volunteer Fire Department</u>	Response Zone: <u>Cities of Gonzales and Gonzales Rural Fire District</u>																
Address: <u>PO Box 647 Gonzalez 93926</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>																	
Phone Number: <u>(831) 675-5000</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>																	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="1"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground															
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air															
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water															
		<input type="checkbox"/> IFT																

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input checked="" type="checkbox"/> Explain: Public Safety	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input type="checkbox"/> District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-21</u>	Provider: <u>Greenfield Volunteer Fire Department</u>	Response Zone: <u>Cities of Greenfield and Greenfield Rural Fire District</u>
Address: <u>380 Oak Avenue</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>Greenfield 93927</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain: Public Safety	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input type="checkbox"/> District	Air Classification: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of transports
Number of emergency responses
Number of non-emergency responses

Air Ambulance Services

Total number of transports
Number of emergency transports
Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-22</u>	Provider: <u>King City/Volunteer Fire Department</u>	Response Zone: <u>King City</u>																
Address: <u>P.O Box 2550</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>																	
Phone Number: <u>King City 93930</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>																	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="0"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground															
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air															
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water															
		<input type="checkbox"/> IFT																

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports
Air Ambulance Services	
Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-23</u>	Provider: <u>Mercy Air Services</u>
Address: <u>1670 Miro Way</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone Number: <u>(909) 829-7030</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>1</u>

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Transport <input type="checkbox"/> Transport <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> CCT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> IFT <input type="checkbox"/> 7-Digit <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/> Explain:	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing

Transporting Agencies	Total number of transports Number of emergency responses Number of non-emergency responses
Air Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports

<u>67</u>	Total number of responses Number of emergency responses Number of non-emergency responses
<u>60</u>	Total number of transports Number of emergency transports Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MONTEREY-24	Provider: Mid Coast Fire Brigade	Response Zone: Mid Coast
Address: 38000 Palo Colorado Canyon 93923 Carmel, CA (correct mailing address)	Number of Ambulance Vehicles in Fleet: None	
Phone Number: (831) 624-8287	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: None	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport
		<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
		<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal	Air Classification: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-25</u>	Provider: <u>Monterey County Parks</u>	Response Zone: <u>Monterey County Parks</u>		
Address: <u>2610 San Antonio Road</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>			
Phone Number: <u>(831) 472-2311</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Fixed Wing
Air Classification: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT <input type="checkbox"/> CCT <input type="checkbox"/> BLS Rescue <input type="checkbox"/> IFT <input type="checkbox"/> BLS Rescue				
Transporting Agencies				
Total number of transports Number of emergency transports Number of non-emergency transports				
Air Ambulance Services				
Total number of responses Number of emergency responses Number of non-emergency responses				

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: MONTEREY-26 Provider: Monterey County Regional Fire Protection District/Carmel Valley Fire Ambulance

Address: 19900 Portola Drive
Phone Number: Salinas 93908

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 (1 dedicated 24/7; 3 cross-Staffed with medic engine)

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Level of Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BL.S Rescue
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Transporting Agencies

<u>1,941</u>	Total number of responses
<u>1,898</u>	Number of emergency responses
<u>43</u>	Number of non-emergency responses

<u>810</u>	Total number of transports
<u>108</u>	Number of emergency transports
<u>702</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County:	MONTEREY-27	Provider:	<u>North County Fire Protection District</u>	Response Zone:	<u>North County Fire PD</u>
Address:	11200 Speegle Street Castroville 95012	Number of Ambulance Vehicles in Fleet: None			
Phone Number:	(831) 633-2578	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: None			

Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS
				<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
				<input type="checkbox"/> LALS	<input type="checkbox"/> 9-1-1
				<input type="checkbox"/> CCT	<input type="checkbox"/> Air
				<input type="checkbox"/> IFT	<input type="checkbox"/> Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: Resource DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>MONTEREY-28</u>	Provider: <u>Presidio of Monterey</u>	Response Zone: <u>Presidio of Monterey</u>
Address: <u>Bldg # 4400 General Jim Moore Blvd Seaside 93955</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>	
Phone Number: <u>(831) 242-7702</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>None</u>	

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

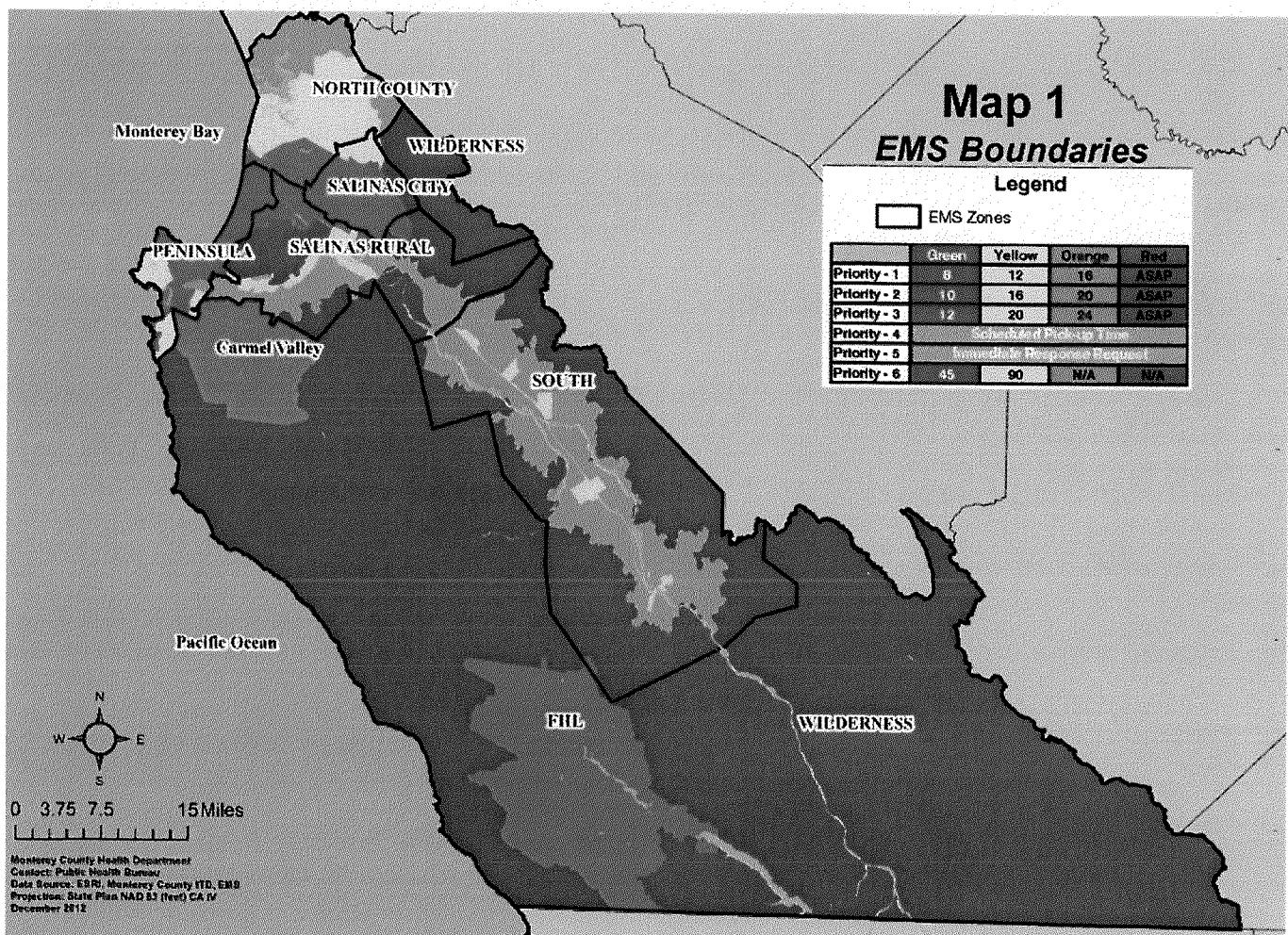
Total number of responses

Number of emergency responses

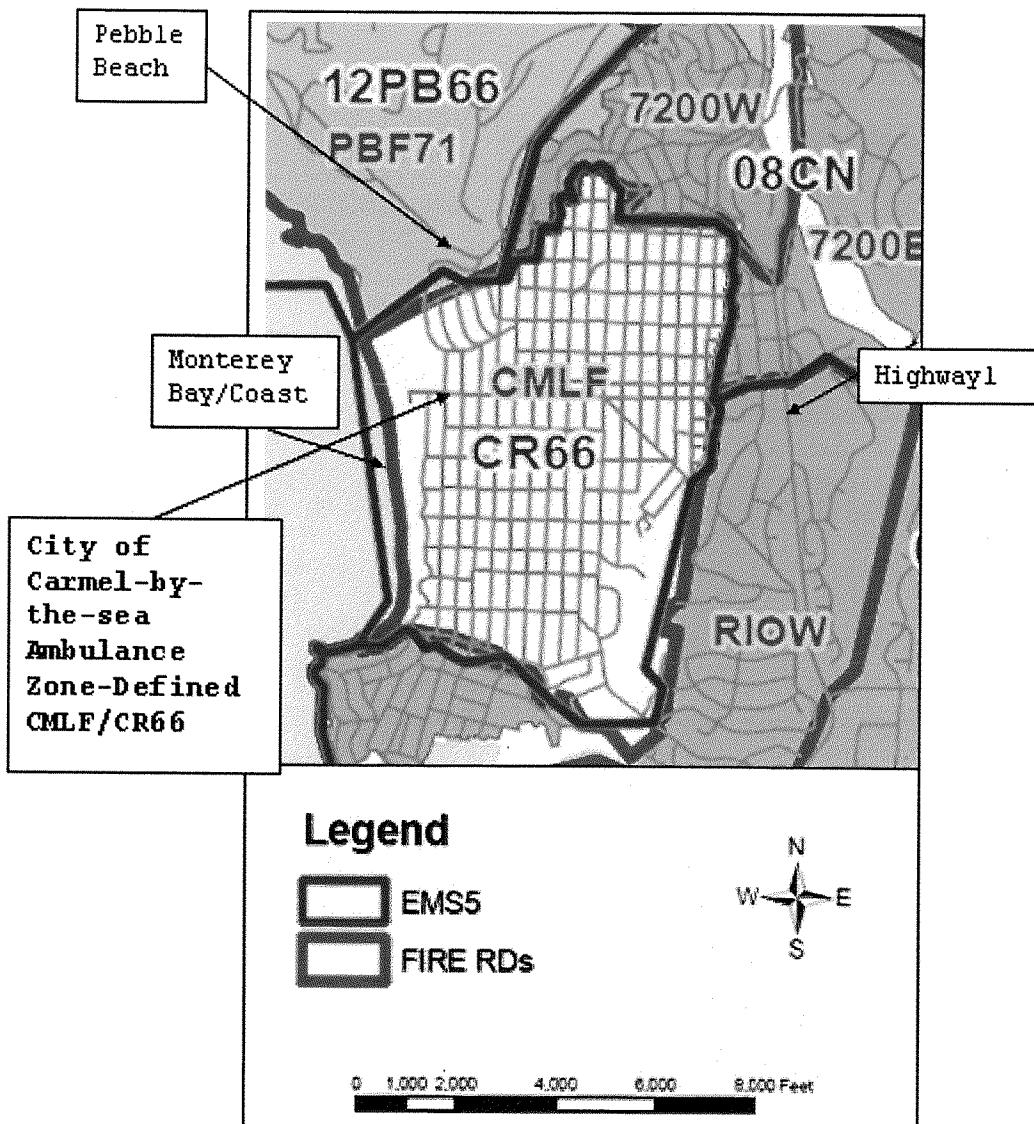
Number of non-emergency responses

TABLE 12: AMBULANCE ZONE SUMMARY

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. AMR-West
Area or Subarea (Zone) Geographic Description: The geographic and legal boundaries of Monterey County
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive via competitive process with Board approval
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, all emergency ambulance services (9-1-1, 7-digit, IFT, CCT, non-emergency, standby transportation).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 31, 2010. This contract expires January 31, 2020.



Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #2 Carmel by the Sea
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Carmel Fire Ambulance (CFA)
Area or Subarea (Zone) Geographic Description: City of Carmel by the Sea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): N/A
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A



Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Monterey County Regional Fire Protection District (MCRFD)
Area or Subarea (Zone) Geographic Description: East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): N/A
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

TABLE 9: FACILITIES

County: Monterey

Note: Complete information for each facility by county. Make copies as needed.

Facility: Natividad Medical Center
Address: 1441 Constitution Blvd
Salinas, CA 93906

Telephone Number: 831-755-4185

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Weeks Children's Hospital Children's Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES**County: Monterey**

Note: Complete information for each facility by county. Make copies as needed.

Facility: Community Hospital of the Monterey Peninsula (CHOMP)
 Address: 23625 Holman Highway
 Monterey, CA 93940

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> x <input type="checkbox"/> No
<u>Pediatric Critical Care Center⁴</u> <input type="checkbox"/> EDAP ⁵ <input type="checkbox"/> PICU ⁶		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV		
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES**County: Monterey**

Note: Complete information for each facility by county. Make copies as needed.

Facility: Salinas Valley Memorial Health Care System (SVMH)	Telephone Number: 831-757-4333
Address: 450 E. Romie Lane	

<u>Written Contract:</u>	<u>Service:</u>			<u>Base Hospital:</u>	<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency			<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center⁷</u>			<u>Trauma Center:</u>			<u>If Trauma Center what level:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u>			<u>Stroke Center:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Monterey Reporting Year: 2016

Note: Complete information for each facility by county. Make copies as needed.

Facility: George L. Mee Memorial Hospital
Address: 300 Canal Street
King City, CA 93930

- ¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
- ¹¹ Meets EMSA Emergency Departments Approved for Pediatrics
- ¹² Meets California Children Services (CCS) Pediatric Intensive C

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Meets California Clinical Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS
County: Monterey

Reporting Year: 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Monterey Peninsula College			Telephone Number:	(831) 646-4240
Address:	980 Fremont St. Monterey, CA 93940				
Student Eligibility*	General Public	Cost of Program:	**Program Level	EMT	
	Basic:	\$322	Number of students completing training per year:		
	Refresher:	\$23	Initial training:	170	
			Refresher:	16	
			Continuing Education:	3	
			Expiration Date:	<u>8/31/2020</u>	
			Number of courses:		
			Initial training:	4	
			Refresher:	1	
			Continuing Education:	1	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR, if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: Monterey

Reporting Year: 2016						
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMT	Number of students completing training per year:	Telephone Number: (831) 770-6146
Training Institution: Address:	Hartnell College 411 Central Ave Salinas, CA 93901	Basic: \$322 Refresher: N/A	Initial training: Continuing Education: Expiration Date:	35 0 0 1/30/2011 6		
			Number of courses: Initial training: Refresher: Continuing Education:	2 0 0		

Training Institution: Address:	Monterey Peninsula Unified School District 700 Pacific St. Monterey, CA 93940	Telephone Number: (831) 392-3530			
Student Eligibility*:	General Public	Cost of Program:	Level	Number of students completing training per year:	Initial training:
		Basic: N/A Refresher N/A	**Program EMT	15	
			Refresher: Continuing Education: Expiration Date:	0 0 3/31/2016	
			Number of courses: Initial training: Refresher:	1 0	

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

* Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

TABLE 10: APPROVED TRAINING PROGRAMS
County: Monterey

Reporting Year: 2016

Training Institution:	Monterey County Regional Fire District			
Address:	19900 Portola Dr. Salinas, Ca 93908			
Student Eligibility*:	Restricted	Cost of Program:	**Program Level	EMR
		Basic: N/A Refresher: N/A	Number of students completing training per year:	
			Initial training:	0 7
			Refresher:	0
			Continuing Education:	
			Expiration Date:	5/31/2020
			Number of courses:	
			Initial training:	0 1
			Refresher:	

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	Medics For Life			
Address:	8022 San Miguel Canyon Rd Prunedale, CA 93907			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMR
		Basic: N/A Refresher: N/A	Number of students completing training per year:	
			Initial training:	0 0
			Refresher:	0
			Continuing Education:	
			Expiration Date:	12/31/20
			Number of courses:	
			Initial training:	0
			Refresher:	0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: Monterey

Reporting Year: 2016

Training Institution:	<u>Mid-Coast Fire Brigade</u>			Telephone Number:	<u>(831)625-8175</u>
Address:	<u>38000 Palo Colorado Rd</u>				
	<u>Carmel, CA 93923</u>				
Student Eligibility*:	<u>Restricted</u>	Cost of Program:		**Program Level	<u>EMR</u>
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>0</u>
				Refresher:	<u>10</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>2/29/20</u>
				Number of courses:	
				Initial training:	<u>0</u>
				Refresher:	<u>1</u>
				Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11 – Resource Directory – EMS Dispatch Agency

Reporting Year: **Calendar Year 2016**

County: **Monterey**

Name: American Medical Response - Monterey

Address: P.O. Box 1953, Marina, CA 93933

TABLE 11: RESOURCES DIRECTORY – EMS Dispatch Agency

Telephone Number: (831) 718-9562

Primary Contact: Jared Bagwell (AMR Operations Manager)

Written Contract: Yes

Ownership: Private

Medical Director: Yes

Day-to-Day Response: Yes Disaster Response: Yes

Number of Personnel Providing Services

EMD Training: 8

BLS: 54

EMT-D: N/A

LALS: N/A

ALS: 54

Other: N/A